

THE *Canadian Hospital*

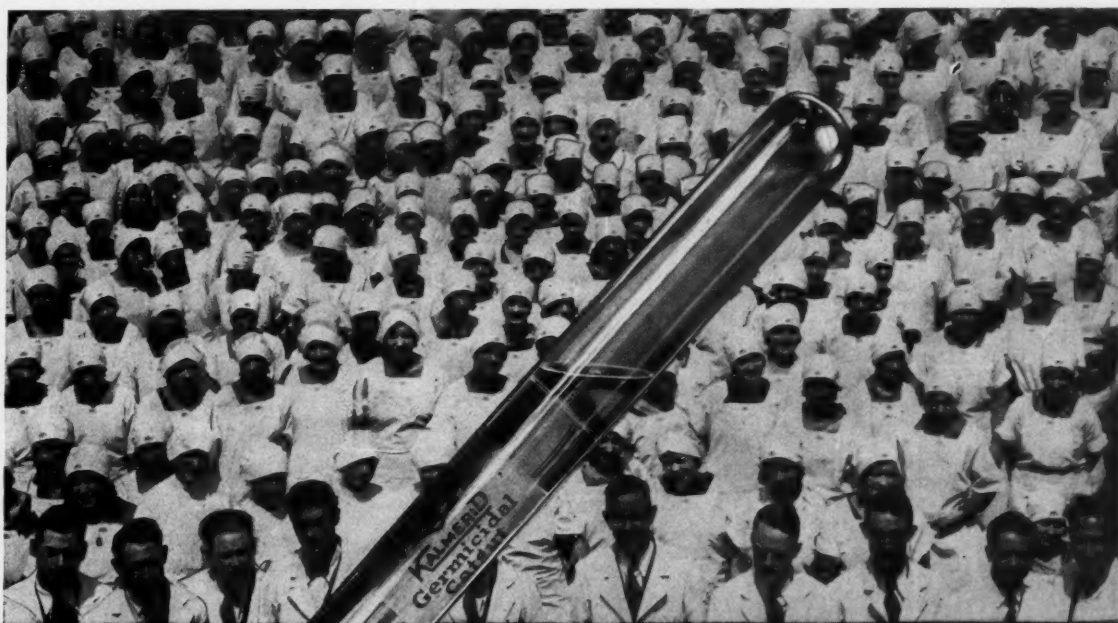
A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

September, 1929



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In this Issue—

The Canadian Viewpoint on National and International
Sensenbrenner Hospital at Kapuskasing the Gift of Industry
Opening of Holy Cross Extension Marks Thirty-six Years
Saskatchewan Has Fourteen Outpost Hospitals Conducted by Red Cross
News of Hospitals and Staffs.

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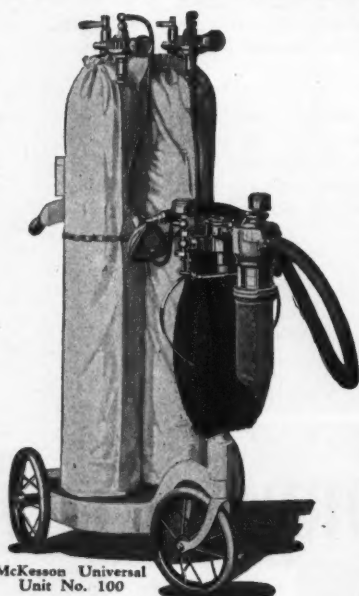
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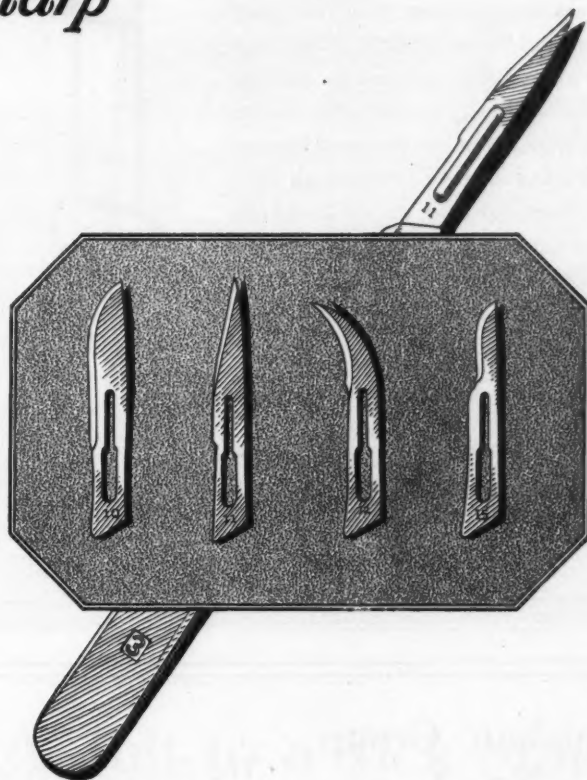
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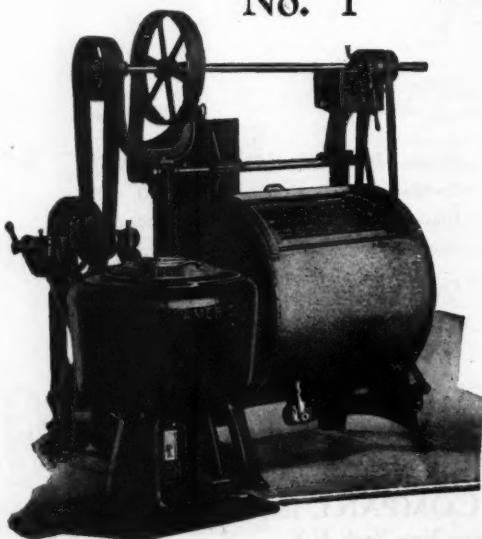
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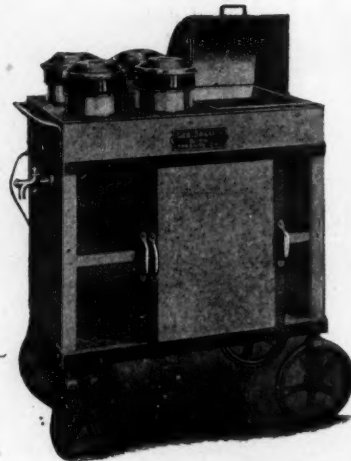
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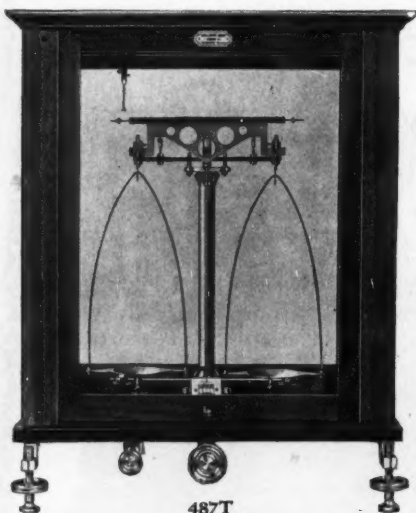
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No. 9

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Colour Invades the Hospital

Hospitals are quickly realizing that colour may have both a utilitarian value and a mentally uplifting effect on both the staff and patient. Colour is being adopted because it creates the cheerful atmosphere that is conducive to work or recovery, as the case may be, and also because it has been shown that neither white nor

grey are more sanitary. Colour adds interest to utilitarian articles and meets the demand for cheerful environment. Best of all, colourful surroundings are no more expensive to attain and maintain than the drabness of flat monotonous.

In the march of colour, no group of rooms need be omitted. Choose the colour because of its effect on the mental attitude of the patient, or because of its utilitarian possibilities. But let there be colour! Colour when properly chosen far outweighs the cold, negative institutional grey and white combination.

In the storage and utility rooms, colour may serve a decided purpose. A buff for the walls and ceiling and a dark tan dado are recommended and in extensive use. These rooms are frequently dependent on artificial illumination. A colour on a light buff provides a sufficiently high reflection factor to give a greater appearance of brightness. The effect on those who must work in these rooms will be most beneficial. Shelves and cupboards can be painted the deep tan colour used for the lower part of the wall, both to carry out the general scheme and to conceal the injury to which this portion of the equipment is constantly subjected.



Preventing Explosions of Ethylene Gas

Differences of electrical potential between various persons and apparatus in the operating room may generate sparks sufficient to cause the explosion of ethylene and oxygen. For that reason, the plan adopted at a well known American hospital may prove of interest to our readers.

The plan chosen was that of having all objects on which a charge might exist connected together by a metallic connection and held at a standard potential. Two efficient plans for the floors have been adopted at the hospital referred to. One consisted of an installation on the floor of a piece of steel large enough to accommodate surgeon, anesthetists, nurses, operating table and gas machine. The sheet is of such a size that any person approaching the gas machine or operating table will first be grounded by stepping on the outer margin of the metal plate.

Another plan is to have the floor made of small squares of terrazzo separated by brass strips. For this purpose, these strips were placed five inches on centres each way, and slotted together at the intersections. The general impression is that of a tile floor except that the joints are brass instead of cement. This grille of brass strips is electrically connected together and then grounded to the water pipes. Each piece of movable equipment, such as tables, stands and anesthetizing machines is equipped on the under side with several small link brass chains which are long enough to drag on the floor for several inches. Regardless of the position of the equipment on the floor, at least one of these chains will be in contact with a brass strip; thus all are grounded and a difference in potential is impossible. The smallness of the squares of terrazzo also grounds the operators and assistants as they move about in the regular routine

of work, which eliminates the possibility of an assistant going to another room or to ungrounded equipment and bringing back a charge of different potential.

All gas machines contain rubber which, being a non-conductor, will retain a charge for several hours. When a grounding source is applied to charged rubber a spark is produced. Consequently it is evident that some steps should be taken to discharge the tube and all the rubber parts of the machine. This is accomplished by placing brass chains in a netting covering the bag and a spiral wire around the tube. These make metallic contact with the other part of the machine.

Inasmuch as ethylene without oxygen shows no tendency to explode, any wire connection between the head of the machine and the ethylene tank is unnecessary. Although several winter seasons, with the attendant electro-static conditions, have passed since the above methods were adopted, and although over ten thousand ethylene anesthetics have been given, no explosions have occurred, which shows the efficiency of the method.



St. Michael's Hospital, Toronto, Institutes Clinic and Lecture Week

To foster greater co-operation between the hospital and medical men is the idea behind the institution of a week of clinics and lectures to be given at St. Michael's Hospital, Toronto, from September 16th to 20th inclusive. Doctors, like other professional men, find that their leisure does not permit keeping in close touch with the latest in medical science. This week will be an intensive post graduate course which will bring those in attendance up-to-date with diagnosis and treatment. There is no charge for the course.

At each lecture cases will be demonstrated as much as possible. Each afternoon ward cases will be shown, and new methods of treatment demonstrated. The hospital will have open house for visitors. The program is as follows:

Sept. 16th.

9-10 Irregularities of Heart

—Dr. D'Arcy Prendergast.

10-11 Rheumatic Fever—Dr. A. R. Hagerman.

11-12 Cancer—Dr. W. B. Edmonds.

12- 1 Neurosyphilis—Dr. Julian Loudon.

Sept. 17th.

9-10 T. B. Chest Diagnosis and Pathological

—Dr. J. H. Elliott.

10-11 Relation of the Heart to General Disease

—Dr. H. McPhedran.

11-12 Jaundice—Dr. Julian Loudon.

Sept. 18th.

10-11 Skin Diseases—Dr. F. C. Harrison.

11-12 Hypertension—Dr. A. R. Hagerman.

12- 1—Anemia—To be announced.

Sept. 19th.

9-10 Duodenal & Gastric Ulcer

—Dr. A. J. MacKenzie.

10-11 T. B. Chest Treatment—Dr. J. H. Elliott.

11-12 Non-Tubercular Chest—Dr. A. E. Broughton.

12- 1 Myocarditis—Dr. H. McPhedran.

Sept. 20th.

9-10 Allergy-Asthma, etc.—Dr. A. E. Broughton.

10-11 Goitre—Dr. D'Arcy Prendergast.

11-12 Epilepsy—Dr. W. B. Edmonds.

12- 1 Bronchitis—Dr. R. T. Smylie.

All those who are intending to take this course should communicate with Dr. W. B. Edmonds, Medical Arts Building, St. George and Bloor Sts., Toronto, as soon as possible.

Delegates to Ontario Hospital Association Convention to be Well Entertained

In connection with the Sixth Annual Convention of the Ontario Hospital Association which will take place on the 16th, 17th, and 18th of October, at the Royal York Hotel, Toronto, several free complimentary luncheons have been arranged. The hosts on these occasions will be the Daily Star, the Robert Simpson Co. Limited, and St. Michael's Hospital. The annual banquet will be held on Thursday evening, the 17th of October, at the Royal York Hotel.

A new feature of the Convention this year will be the exhibits of hospital supplies and equipment. In addition, a very interesting program is being arranged, the details of which will be published later.

The Canadian Viewpoint on National and International Hospital Associations

By G. HARVEY AGNEW, M.D.

Department of Hospital Service, Canadian Medical Association.

I AM told that catgut has been called catgut because it has nothing whatever to do with the cat; I suppose I have been chosen to discuss this question of National Hospital Associations because in Canada we have at the present time no national hospital association.

That we have no national association does not imply that we are not interested in such an organization—in fact it has been discussed many, many times by our leading hospital executives.

We have a peculiar situation in Canada. We cover a great territory, actually over half a million square miles, larger than our great neighbor here to our south. Our northern portion however is still an undeveloped forest and mineral area and our ten million people are really scattered as a somewhat elongated stretch of population along our southern areas—a 4,000 mile band stretching from the Evangeline country on the east to the warm Pacific slopes of British Columbia, where roses bloom the whole year round. It is this mileage which has made us hesitate to form a national association. While we have nearly 900 hospitals representing some 76,000 beds, many of these hospitals are small, serving rural or country districts, and the number which could send delegates to distant parts of Canada is comparatively small. Furthermore, our larger hospitals at the present time are taking a very active interest in the development of the American Hospital Association which is "American" in the broader sense of the term.

With these factors in mind, we have developed very strong provincial hospital associations in Canada. They have been exceedingly helpful to their members and especially to the smaller hospitals. Moreover, governmental support, or subsidy, is provincial and accordingly provincial units have proven to be of great assistance in this respect.

The organization which I represent, the Canadian Medical Association, has a Department of Hospital Service which is an information bureau or consulting service, designed to link up the various provincial developments and to pool the knowledge and experience of administrators throughout the country. This service, which has proven of great help to the smaller hospitals, is supplied free to the hospitals by virtue of funds given to us for this purpose by one of our great insurance companies, the Sun Life Assurance Company. This company is giving the Canadian Medical Association a large grant each year to carry on not only this valuable work but also other activities of equal import to the welfare of the nation. This insurance company has enabled us to do in Canada,

work, which, to our knowledge, is not duplicated anywhere else.

A word about the International Hospital Association. I have enjoyed these sessions very much indeed. If one hospital can learn from another, surely one country can learn from another. Through the efforts of our efficient president, (Dr. René Sand), language barriers have proven very slight indeed. Our delegates from Canada have learnt much from you delegates from other countries. I think you would be interested in our unique union hospital scheme on the prairie, our "subscriber" system in the Maritime provinces and the possibility of certain of our provinces adopting some form of compulsory health insurance, under which scheme it is anticipated hospital charges would be covered.

I think that the proposed bulletin is excellent. I have noticed that much of our discussion has dealt with generalities. We should discuss more details, more definite problems. I would suggest that not only the main papers but also the 5-minute discussions be submitted to the program committee and that this committee be empowered to make definite suggestions to the speakers so that necessary facts will be emphasized. These discussions might be printed, as some were this year.

The round table idea might be introduced at another session.

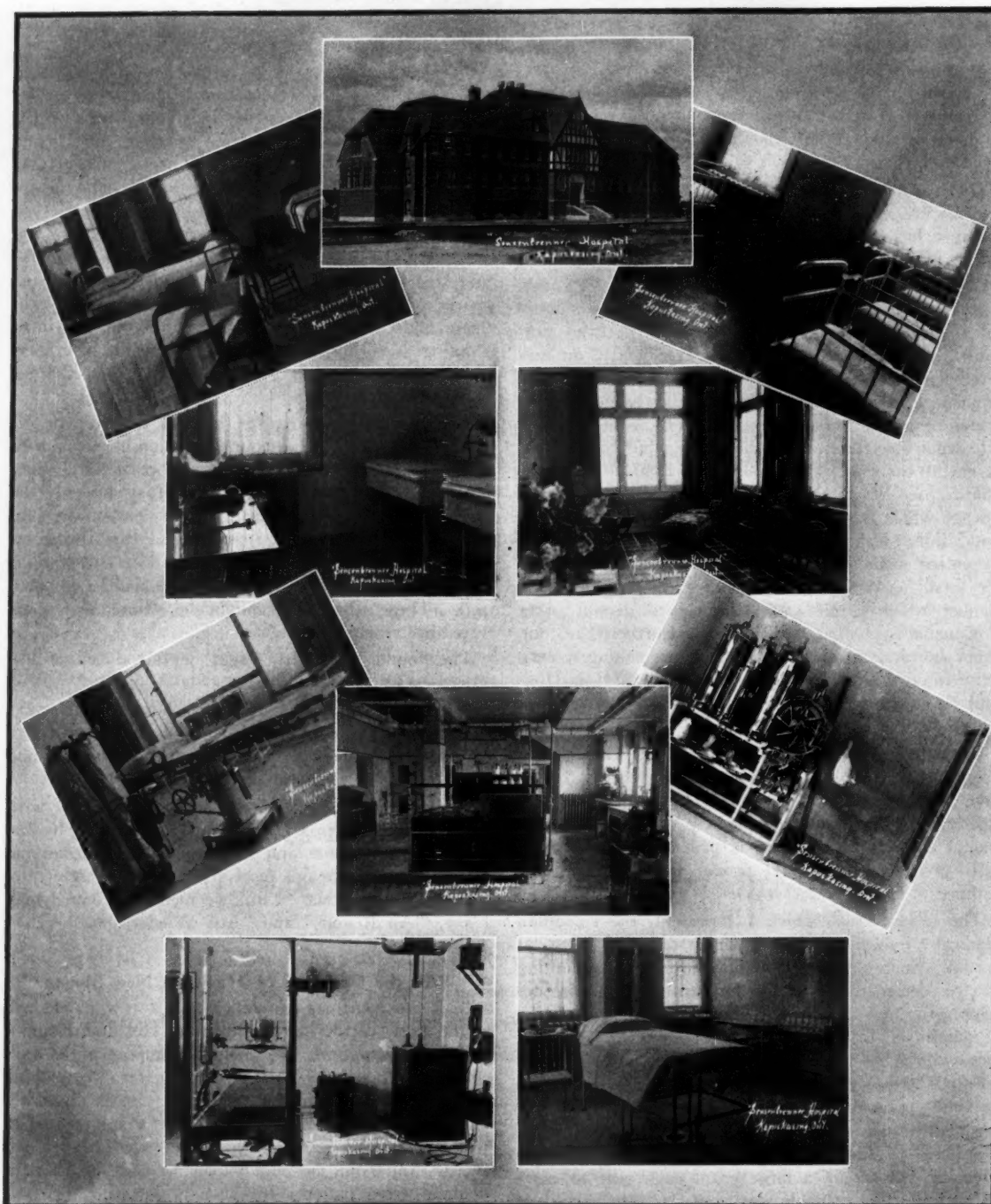
I am glad that Vienna has been chosen for the next Congress. I have pleasant memories of several very happy months spent in Vienna a few years ago, and hope to be able to attend in 1931.

My time is up, but before I resume my seat, I wish to express my appreciation of the work done by the committee in charge and hope that this international idea will grow to be one more strong bond of sympathy between the Nations. Until we meet in Vienna, may I say, "Au Revoir," and "Auf Wiedersehn."

"All the Comforts of Home" a New Slogan

"All the comforts of home—and a few more, will be the motto of the Royal Alexandra Hospital, Edmonton, from now on. Approving the report of its executive, the hospital board decided to install a shop in the institution in which a supply of cigars, cigarettes and tobacco will be kept, and where a sub-postoffice will be established. There has been, according to Dr. A. F. Anderson, hospital superintendent, a constant demand from patients for such a service. The announcement has also been made that post-operative patients will henceforth be charged for ginger ale. Hitherto the hospital supplied this free of charge for a few days following the operation.

Sensenbrenner Hospital Kapuskasing, Ont.



Considerable interest centres around this modern Hospital, which was built and equipped and is maintained as an Industrial Hospital by the Spruce Falls Power and Paper Co., Limited.

Sensenbrenner Hospital at Kapuskasing the Gift of Industry to Its Employees

THE Sensenbrenner Hospital at Kapuskasing, Ontario, built by the Spruce Falls Power and Paper Company Limited, for the accommodation of its employees and families, evidences in an unmistakable manner the growing interest of industry in the welfare of employees. And in this instance, not only the employees of the company will benefit, for the people of the community will be treated in the hospital when accommodation permits. The hospital evidences a personal as well as a collective interest, for the equipment and furnishings, which are thoroughly up-to-date, are the gift of the President of the company, Mr. F. J. Sensenbrenner.

As far as management is concerned, the hospital is under the direct control of the local manager of the company. It is administered by the company's doctor who has working with him a matron, nurse, orderlies, chefs and other assistants. It is possible that very soon the hospital will be placed under the control of a Board of Governors selected by the company, this Board to be assisted by the Medical Superintendent.

The financial arrangements under which the hospital functions are interesting. The male employees of the company pay into the company one dollar per month, which in turn is handed over to the Medical Superintendent to reimburse him for his services. In the event of sickness or accident, employees are given free treatment at the hospital. Their families are treated at half price. Those requiring treatment who are not company employees or members of their families are charged a fair and equitable rate.

Forty Bed Capacity

The Sensenbrenner Hospital with accommodation for forty beds, is a very impressive building of red brick, of a slightly modified cottage type of architecture. There is a large cleared area in front of the building which will be made into a park and will eventually make the hospital one of the show places of the town. The institution commands a view of the river and falls. It consists of four floors. Owing to the fact that the hospital is heated from a central heating plant and all laundry is done at a community laundry, which fills the needs of the company's hotel and club in addition to the hospital, the ground floor is able to be used for an out-patient department, X-ray and admitting rooms, kitchens, dining rooms and orderlies' rooms.

On the ground floor there is a separate entrance to the out-patient department, which comprises two waiting rooms, two doctors' consulting rooms, each with an examining room, a secretary's office, pharmacy and laboratory. In the X-ray department there is a Victor

Wantz Junior X-ray machine capable of doing all types of X-ray work. There is a small adjoining reading room with a stereoscope and X-ray filing cabinets. The Physiotherapy Department contains a Victor Quartz Lamp and Diathermy Machine with all the latest attachments for treatments. There is a dressing room between the X-ray Room and Physiotherapy Department.

There is a separate ambulance entrance from which leads the admittance room, which is supplied with baths, and also a direct entrance into the elevator.

The kitchens have the latest type of equipment, all electrical and steam. There is an excellent central refrigeration system which also takes care of the refrigerators on each floor.

Latest Equipment Used

The first floor comprises the business offices, metabolism room, patients' rooms and sun rooms. The beds have all gatch frames and each bed has a bedside table and an overbed table in addition. The metabolism room is equipped with a McKesson metabolizer. The sunrooms are very large, sunny, and beautifully furnished with wicker furniture upholstered in gay chintz.

The operative wing occupies one end of the second floor. There are change rooms for doctors and nurses. The operating room is large, with a north exposure, radiators glass-enclosed. It is equipped with Scialytic lighting. The operating table is of the very latest type, Scanlon-Balfour. There is a McKesson Gas Oxygen Ether Machine and a McKesson Surgical Pump. Wherever possible, all surface equipment is in nickel. The operating room is well ventilated by an automatic fan system. Opposite the operating room is the delivery room, which is equipped with a McIlwraith obstetrical table. The balance of the equipment is similar to that of the operating room.

The operating and delivery room are joined together by a passage from which projects the sterilizing room. This is equipped with Castle water sterilizers, autoclave, instrument and basin sterilizers. The three rooms have inset metal and glass cupboards. Adjoining the delivery room there is a small labour room with double soundproof doors. The operative suite also contains instrument room, anaesthetists' room and nurses' work room.

The nursery is viewed from two large windows from the main corridor. Off a small hallway adjoining the nursery there is a babies' bath room with the latest type of babies' bath tables with a thermostatic water control. The room has also a pasteurizer. The rest of the floor is used for wards, chart room, utility rooms, etc. There is a very lovely children's ward

with appropriate decorative mural patterns, curtains depicting nursery rhymes, rugs and children's toys. There is a small sunroom at the end of the floor.

The third floor comprises the nurses' quarters, very comfortably furnished, with a large pleasant living room commanding a view of the falls.

The whole hospital is excellently constructed and most convenient in layout. Where there are not terrazzo floors, there is linoleum with terrazzo edges. There are no corners in the terrazzo. The utility rooms are equipped with bed pan sterilizers and direct shoots to the incinerator. There are blanket warmers on each floor. An excellent interphone system is installed. All stairways are wide and very light. The colour scheme of the hospital is mainly light buff and apple green, a restful and pleasant combination.

Hospitaller Brothers Make the Best of Poor Quarters

When the Hospitaller Brothers of St. John of God, who conduct the Notre Dame de la Merci Refuge, a hostel for sick, homeless old men at 459 St. Paul St. East, Montreal, came to Canada a few years ago to extend the charitable purposes of their Order to the New World, they had no support other than their faith in the ultimate provision of means from unknown sources. In a luncheon held recently in the hostel, the director of the Order stated that one of their most fertile sources of assistance had proved to be the Montreal press in general. At this same luncheon, the aims of the current campaign for funds for a new building were outlined by the secretary of the Refuge. Of the \$600,000 necessary, the institution

hopes to receive \$100,000 from the province and \$50,000 from the city.

The present building is an example of compliance with necessity. The institution was formerly an abandoned brewery and stable remodelled by the Brothers themselves. The latest addition, a roof garden is of particular interest. In the odd moments when they were not caring for their charges, the Brothers have constructed a little garden among the tops of the warehouse buildings so that they and their charges will be able to get fresh air. Situated as they are in a district where the traffic is heavy, an outing is almost impossible for the sick patients.

McGill Devises New Courses for Graduate Nurses

Announcement has been made by the Registrar of McGill University, Dr. J. A. Nicholson, that in future, two years of University work will be required for entrance into the two-year diploma course at the McGill School for Social Workers. A new course in organization and supervision of nursing in the community to be given in the McGill School for Graduate Nurses is also announced. This course will lead to the title of Supervisor of Nursing in the Community. Students who have qualified for entrance into the McGill Faculty of Arts may be admitted to the School for Graduate Nurses as candidates for a graduate diploma in nursing, and many register as partial students in the Faculty of Arts. Students of experience who cannot meet the matriculation requirements may be admitted to the School for Graduate Nurses, as candidates for a graduate diploma in nursing.



St. Anthony's Hospital, The Pas, Man.

In Making X-Ray Screens Cassette Contact is Most Important

It has been pointed out by the research department of a large X-ray equipment company, that no other thing affects radiographs made with screens more than cassette contact. It is extremely essential that when the cassette is closed on the film the screens be in immediate contact with the film. That is, both screens should be in intimate contact with the film over the entire surface.

When cassettes are new there is no difficulty. But there is no accessory in the X-ray laboratory that is handled and carried about so much as the cassette. In the rush and hurry the cassettes are likely to be dropped, and the frame racked out of shape. On the other hand, the pressure of the springs on the lid may in time bulge the face of the cassette.

To determine in what condition cassettes are, periodic contact tests should be made. If a cassette is dropped or dented it should be tested immediately to determine in what condition it is. The best method of testing is known as the "wire screen method." Load the cassette with a fresh film and place on it a piece of wire screen. Then make a radiograph of the wire screen. Do not place the wire in the cassette with the film and screens, but lay it on the outside, just as if it were a patient to be radiographed. If contact is good in the cassette, the resulting negative will be sharp in outline. Blurred and indistinct areas indicate poor contact. Only with a test like this is it possible to tell whether the cassette is giving good contact.

Galvanized wire screen is recommended, with six squares per inch preferable. The question arises whether the wire should be absolutely flat. If it is not flat some of the squares may be distorted, but this is of small consequence, for it is the sharpness of the individual wires that determine whether the contact is good or bad. If the contact is good, each wire will be sharp and clear; areas of poor contact will appear blurred.

If the resulting test shows only a few areas that are slightly blurred, temporary correction may be effected by placing a piece of felt under the screen that is in the bottom of the cassette. This felt should be the best that is available, the full size of the screen and about one sixteenth of an inch thick. Ordinarily, however, once a cassette begins to show poor contact it might be better in the interests of ultimate economy to replace it with a new one.

New Departure for F.R.C.S. Examinations.

Thanks to Dr. Alexander Primrose, who has recently been in England negotiating for this new procedure, Canadian candidates for fellowships in the Royal College of Surgeons will no longer have to go abroad for their preliminary examinations. Accordingly five doctors were appointed to examine thirty-seven candidates at the University of Toronto from August 6th to 12th. Final examinations will still be tried abroad.

Sterling SURGEONS' GLOVES



Constructed to Give Longer Service

Regular and careful tests by actual sterilization and use prove that Sterling Surgeons' Gloves do give the longest wearing service.

The highest quality materials together with the best construction possible ensures the maximum of satisfaction.

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LIMITED

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Largest Specialists in SEAMLESS Rubber Gloves
in the British Empire

TRISEPTOL (HARTZ)

More than three times
as powerful a germ-
icide as pure carbolic
acid. Used by leading
hospitals because it is
highly efficient and
economical.

The J. F. HARTZ Co.

Limited

TORONTO

MONTREAL

Please refer to THE CANADIAN HOSPITAL when writing

Brock Union Hospital Serves Large Saskatchewan District

THE towns of Brock and Arcola and the village of Kisbey are served by the Brock Union Hospital, which opened its doors last Fall for the first time. The structure is of brick, with steel reinforcement, and is situated at the north-east end of the town on an elevated stretch of land facing the Arcola Fair grounds. The site provides an excellent view and a good drainage system, a septic tank being located at the south of the building. It occupies about six acres of land, and all outlying sides have been prepared for shrubs and trees to improve the aspect of the building. Reinforced concrete was used for the foundation and brick for the building itself, so it may be seen that the building is a permanent structure.

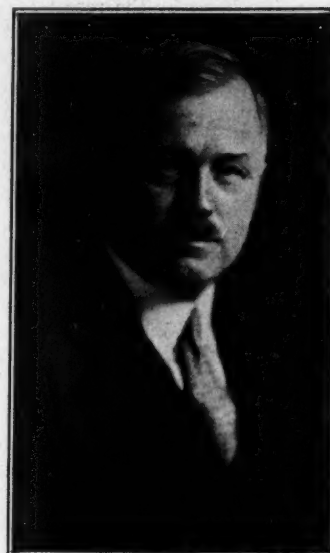
A beautiful outside finish is given by the rough textured brick, backed on the inside with hollow tile. The front entrance faces north, and the side entrance west. Sun parlours face north and south at each end of the building. Sixty-two feet is the overall length of the hospital, with height from ground to eaves of thirty feet. The main building is thirty by forty-two feet, and sun parlours each eleven by twenty-two feet.

The building derives its heat from steam, and hot water is provided by a jacket heater. A soft water cistern, running water, electric lights and telephones are services at the disposal of the hospital which allows it to function smoothly and modernly. The appearance of the building is enhanced by a coloured asbestos shingled roof, with the shingles laid in alternate rows. The building is fireproof in construction.

On the east side of the basement are located the boiler room with hot water heating system and Gurney boiler, kitchen and dumb waiter serving all floors, soft water cistern of reinforced concrete, pantry and bedroom. Another bedroom is located on the west side, together with a dining room, both of which have hardwood floors. Laundry and morgue are also on this side of the basement, and are provided with concrete floors. The walls of the laundry are finished with three coats of paint and one of white enamel, and a linen chute connected with all floors terminates in the laundry. All other walls in the basement are plastered, and the floors of the corridors are of cement. An out-



Union Hospital, Arcola, Sask.



Portrait by Milne Studios

DR. D. E. ROBERTSON
Recently Appointed Surgeon-in-Chief
Hospital for Sick Children, Toronto

side door leads to the coal cellar and furnace room. The whole ground floor is well lighted and ventilated, as befits quarters in which attendants and nurses may be working.

The office is located on the main floor of the building, and is equipped with a safe donated by the Farmers' Elevator Company. A two-bed ward furnished by the local Oddfellows and Rebekas, and a one-bed private ward furnished by the local Masonic Lodge, are located on the east side of the main floor. On the west side is a three-bed ward called the "Watkin Memorial," a dispensary and a lavatory. This floor has hardwood floors throughout and the passageways to the height of five feet have been painted and enamelled white.

The X-ray room is located on the top floor on the west side, as are also a bath room and a two-bed ward, furnished by a local resident and his wife. Case room, sterilizing and operating rooms are on the east side.

The hospital is very fortunate in being the recipient of many gifts from interested persons or groups. The South Arcola Ladies donated a Kny-Scheerer operating table, and the Arcola I.O.D.E. a Victor X-ray apparatus and range. The Hosnital Ladies' Aid proved very generous with a gift of \$3,000 cash and linen to the value of \$500, while the Junior Hospital aid made the necessary crockery their gift. Blankets were donated by the Dungannon Homemakers, cutlery by Excelsior Homemakers, preserved foodstuffs from showers and school children. A further cash gift of

Continued on Page 38



JEREMIAS TRAUTMAN of Wittenberg performed, in 1610, the first complete cesarean section of record. The operation was indicated by the presence of a large tumor and involved both laparotomy and opening of the uterus. The loss of blood was not excessive; nor was the pain, as the patient testified. The abdominal wound was closed with sutures but not the incision in the uterus.

D&G Sutures

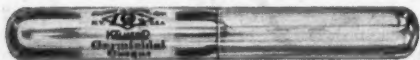
"THIS ONE THING WE DO"

DAVIS & GECK INC.

D&G Sutures PRICE LIST FOR DOMINION OF CANADA

Kalmerid Catgut

GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

TWO VARIETIES

BOILABLE* NO.	NON-BOILABLE NO.
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Glaustro-Thermal Catgut

ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

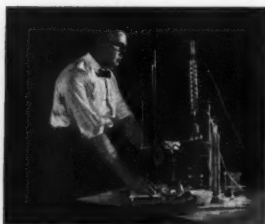


NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$3.60
Less 20% on gross or more or \$34.56, net, a gross



D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.

Atraumatic Needles

FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.60
1342..TWO STRAIGHT NEEDLES..	36.....	4.20
1343..3/8-CIRCLE NEEDLE.....	28.....	4.20
1345..1/2-CIRCLE NEEDLE.....	28.....	4.20

Less 20% discount on one gross or more

Sizes: 00..0..1

Packages of 12 tubes of one kind and size

Kangaroo Tendons

GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

DAVIS & GECK INC. • 211-221 DUFFIELD ST. • BROOKLYN, N. Y.

D&G Sutures are obtainable from responsible Canadian dealers; or direct, postpaid

PRICE LIST FOR DOMINION OF CANADA *D&G Sutures*

Unabsorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....	00,0,1	
400..BLACK SILKWORM GUT..84.....	00,0,1	
450..WHITE TWISTED SILK.....	60.....	000 TO 3
460..BLACK TWISTED SILK.....	60.....	000,0,2
480..WHITE BRAIDED SILK.....	60.....	00,0,2,4
490..BLACK BRAIDED SILK.....	60.....	00,1,4

BOILABLE

Package of 12 tubes of a size.....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
812..10-DAY KALMERID "	20..00,0,1,2,3	
822..20-DAY KALMERID "	20..00,0,1,2,3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT..28.....	0	
882..WHITE TWISTED SILK.....	20.....	000,0,2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

BOILABLE

Package of 12 tubes of a size.....\$1.80
Less 20% on gross or more or \$17.28, net, a gross

Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
914..10-DAY KALMERID "	20..00,0,1,2,3	
924..20-DAY KALMERID "	20..00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT..28.....	0	
984..WHITE TWISTED SILK.....	20.....	000,0,2

BOILABLE

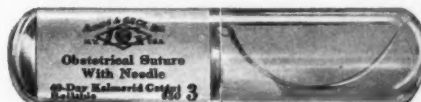
Package of 12 tubes of a size.....\$3.00
Less 20% on gross or more or \$28.80, net, a gross

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



Obstetrical Sutures

FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



No. 650. Package of 12 tubes.....\$4.20
Less 20% on gross or more or \$40.32, net, a gross

Circumcision Sutures

A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



No. 600. Package of 12 tubes.....\$3.60
Less 20% on gross or more or \$34.56, net, a gross

Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

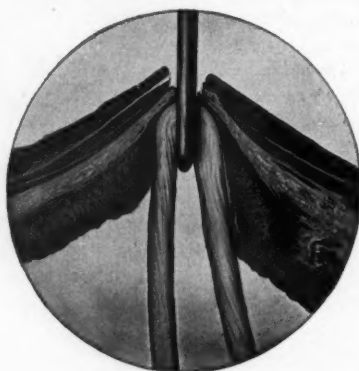
*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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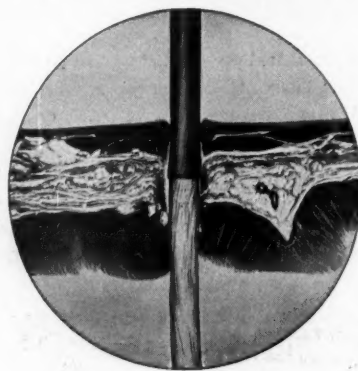
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MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of
20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341. A straight intestinal needle affixed to a 28-inch suture.....		\$3.60
1342. Two straight intestinal needles affixed to a 36-inch suture.....		4.20
1343. A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture.....		4.20
1345. A half-circle intestinal needle affixed to a 28-inch suture.....		4.20

SIZES: 00 . . 0 . . I

20 PER CENT DISCOUNT ON A GROSS OR MORE—POSTPAID

DAVIS & GECK INC. • 211-221 DUFFIELD STREET • BROOKLYN, N.Y., U.S.A.

Nursing Station Established on the Pas Indian Reserve

There has been established near the town of The Pas in northern Manitoba, something new in the manner of treatment of minor ailments, and education in sanitation among the Indians. Until the present time, the Provincial Government of Manitoba has left the treatment of Indians entirely in the hands of the Department of Indian Affairs, but it has been realized at last that by combining forces, the knowledge of officials in both branches will be made use of, especially in the treatment of tuberculosis, and, as far as possible, in the prevention of this disease. For that reason it has been decided to establish a nursing station on The Pas Indian Reservation and place it in the charge of a qualified nurse.

The building under construction is a two-room structure, and will not be used for hospital purposes, but will be fitted up for use as a clinic for the nurse to dispense instruction to Indian mothers. The nurse is being provided by the Provincial Health authorities of Manitoba, and it is understood that both Governments will share the running expenses. In addition, the nurse will visit every home on the reserve once a week, and will instruct Indians in health and sanitation. All hospital cases will continue to be treated by the doctor employed by the Indian Department at the St. Anthony Hospital in the town of The Pas. More than 600 Indians on the reserve will benefit by this innovation.

Automatic Refrigeration Installed in New Wing of City Hospital, Moncton

Electric refrigeration is being installed in the new wing of the City Hospital, Moncton, N.B. The equipment chosen is the latest mechanical refrigeration manufactured by Frigidaire, whose practically noiseless operation is an important consideration to hospitals. The large food storage boxes will be located in convenient places, and will be in keeping with the interior finishings of the building. Several will be equipped to manufacture large quantities of ice cubes of convenient size for use in drinks and ice packs. There will also be a large walk-in cooler, where large quantities of meats and other perishable foods may be stored in safety for long periods.

Oldest Hospital in British Empire.

St. Bartholomew's Hospital, Rochester, a little south-east from London and near Chatham, England, is said to be the oldest hospital in the British Empire. "This hospital," writes the secretary of the institution, "was founded twelve years after William the Conqueror landed near Hastings in 1066. It was founded for the reception of lepers, and during its 847 years history it has maintained a splendid service for the poor and suffering." Although the present building is comparatively modern, the hospital patients still use the beautiful Norman chapel, the only part of the old building that remains. It is one of the earliest Norman churches in existence, the work of Bishop Gundulf, Bishop of Rochester from 1077 to 1108.

Please refer to *THE CANADIAN HOSPITAL* when writing

CLEANLINESS and QUIET

What would
a hospital
be without these?

SANITATION to the highest degree and an atmosphere of restful silence are inextricably associated with the care of the sick. Hospitals owe their marvelous growth in recent years to their achievements in these directions. Small wonder that hospitals were among the first to see the value of FINNELL electric scrubbing and polishing and have so widely adopted it.

Hospitals install the FINNELL SYSTEM, first, because it achieves a degree of cleanliness approximated by no other methods. Hand polishing or scrubbing, to rival FINNELL cleanliness, would consume so much time as to be unreasonably expensive. Practically, it is not possible, due to the unreliability of human strength.

Second, hospitals have so greatly favored the FINNELL SYSTEM of electric scrubbing and polishing because it has achieved virtually silent operation. Everyone on a hospital staff knows the importance of this. Wards, rooms and halls must be cleaned while patients are nearby. Quiet is essential. Noisy, splashy gears cannot be tolerated.

FINNELL is more than just a machine. It is a system. Whether you have a floor area of a few hundred or a half million square feet, whether your buildings are old or new, whether your floors are terrazzo, wood, linoleum, tile, cement or composition, whether you scrub or wax or both, whether you employ men or women help, there is just the right FINNELL system for you.

Let us demonstrate this. It will not obligate you in any way. A request will bring full details of our offer. Address

Dustbane Products, Limited, 130 Sparks Street, Ottawa, Ontario, Canada. District Offices in Principal Cities.

8 models
priced from
\$87.50 Up.



FINNELL

ELECTRIC FLOOR MACHINE

It waxes • It polishes • It scrubs

Interesting Views of the New Wing of Holy Cross Hospital, Calgary, Alberta



Showing Chapel, First Floor Waiting-room and Stairway, Private Room, Lecture and Demonstration Hall, Nurses' Banquet Hall and one of the X-Ray Rooms.



—Marani & Lawson, Architects

WE congratulate the Medical Profession of Toronto on completion of their new building at Bloor and St. George Streets. We believe it represents a distinct step forward in structures of this type.

We were privileged to install the lighting fixtures throughout; the complete furnishings of the Rotunda and Coffee Shop with equipment. Floor covering also formed part of our contract.

Outfitters to Hospitals,
Hotels, Clubs, Theatres
and Steamships.

CONTRACT DEPARTMENT,
HOUSEFURNISHING BUILDING

THE T. EATON CO. LIMITED
TORONTO CANADA

Please refer to THE CANADIAN HOSPITAL when writing

Opening of Holy Cross Extension Marks Thirty-Six Years of Service

ON Easter Monday, the new quarters of the Holy Cross Hospital were officially opened to the public. The occasion, as well as being one of particular importance to Calgary, in view of the present sparsity of hospital accommodation in the city, was of great significance to the hospital itself. It marks another step after 36 years of work by the Sisters of Mercy.

Comparison between the handsome building recently opened, and the little hospital mission of three decades ago, brings into prominence some interesting points. It is doubtful whether the four Grey Nuns, who made the long journey from Montreal in the winter of 1891 in order to establish a mission of mercy in what was at that time one of the roughest of Western towns, ever visualized the future which was in store for the institution which they founded.

At the end of 1891 the Holy Cross Hospital of those days had taken care of 64 patients, and the necessity for enlarging the little building, only 24 feet square, was already felt. At the end of 1928 another enlargement scheme in connection with the local hospital was nearing completion, an undertaking involving the addition of 112 beds to the standing structure, offices, consulting rooms, a chapel, and a magnificent mosaic central stairway, finished in Tyndale stone. And the reason for these additions was the same, lack of sufficient accommodation.

Shows Splendid Growth

Some idea, not only of the increase which has taken place in the hospital itself, but also in the requirements of the city in the course of 36 years, may be had from the fact that the new additions will increase the total capacity of the institution to 300 beds, and will provide accommodation for approximately 3,000 patients a year. Yet, even this is not regarded as a superfluous addition to the hospital equipment, and it is anticipated that during the greater part of the year the hospital will be working up to capacity.

Moreover, the function of the Holy Cross of today is not limited to the care of the sick, although, naturally, that is the primary consideration.

It is a school for the training of nurses, and provisions for research work by the medical staff are prominent features of the institution. For this purpose there have been included in the new quarters a spacious lecture and demonstration room for the benefit of the nurses' training classes, a well-equipped library, a pharmacy, and extensive doctors' quarters.

The accommodation for the patients is of the most up-to-date nature, and a number of special features have been introduced. Probably most noteworthy of these is the "silent call" system, which will be in operation throughout the building. This is a system by which electric lights take the place of bells, and all un-

necessary sound is eliminated. Further factors which will insure quietness in all wards are the friction hinges on the doors, which can be adjusted to hold them open at any desired position, and the dead-locks which also will be placed on the doors, and will insure noiseless closing.

The quarters of the patients will in no case be cramped, and the large wards which usually are to be found in hospitals of this size, have been replaced by rooms, none of which are intended to accommodate more than four persons. In addition, private rooms and suites, containing private bathrooms and other facilities, have been installed in the hospital.

In Roman Design

From a decorative point of view the new building is distinctive. The prevailing color throughout all the wards, corridors and stairways is white, and the width of passages and wards adds to the general brightness of the hospital. The chapel, which is to be found on the second floor, and which extends up for two storeys, is also finished in white plaster. It is of Roman design and gathers to a Roman arch. The altars themselves are moulded in Carrara marble, which was specially imported from Italy for the purpose. Stained glass windows, brass work and darker woodwork at the back give the necessary touches of color to the chapel.

The new quarters have a frontage of 154 feet and are 42 feet in width. In addition a wing, 60 by 40 feet, has been built onto the main structure.

As regards the placing of rooms, the new quarters were laid out with considerable care. Upon entering the new section of the hospital, one ascends a flight of stairs, and reaches the first floor. Here are situated the doctors' quarters, the cloak room, the library, the consulting room, the general offices, the telephone exchange and the information bureau. Passing through the main hall, which also serves the purpose of waiting room, one reaches the main stairway of Tyndale stone and mosaic.

Beyond is the North corridor, in which are to be found, on the left, the office of the Mother Superior, the sitting room, four of the more elaborate private rooms, equipped with baths, and the telephone booths; and, on the right, the pharmacy, the office of the superintendent, the quarters of the instructress of nurses, and the nurses' lecture room and demonstration hall. Both the first and second floors are devoted, also, to wards, private rooms, utility rooms, service kitchens, a very completely equipped X-ray department, and sterilization rooms. Also, on the second floor, is the entrance to the chapel.

On the top floor is to be found the children's department. Here the wards, like those for the accommodation of adults, are on a small scale, and in no

Continued on Page 32

Important Developments in Apparatus for Ultraviolet Therapy.....

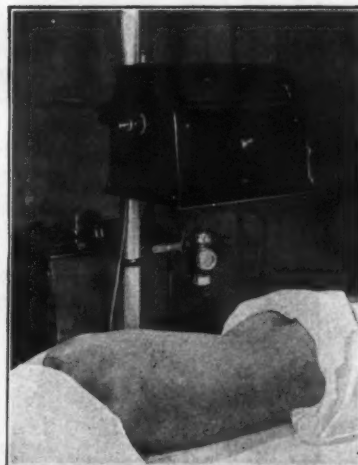
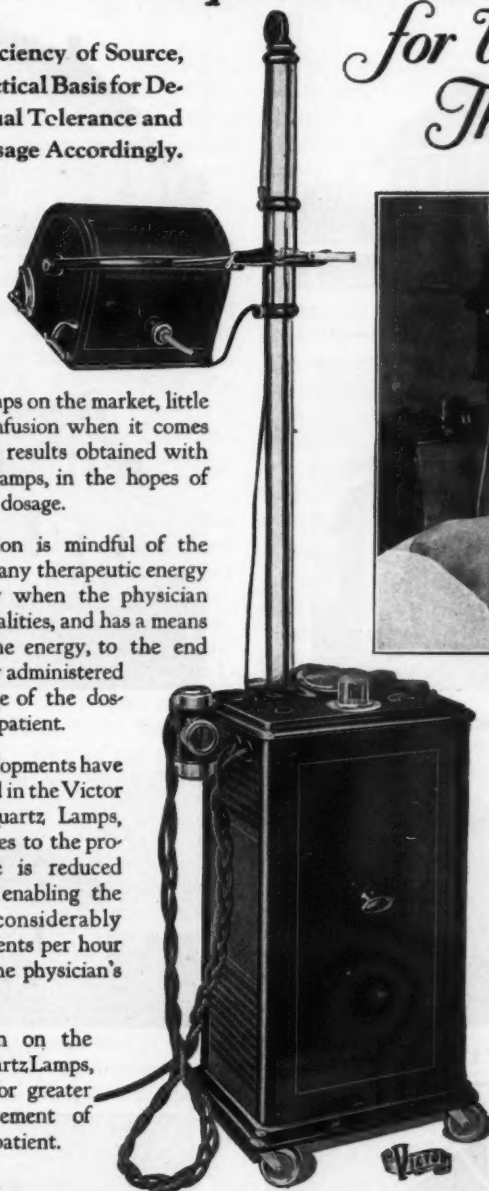
Increasing the Efficiency of Source,
and Offering a Practical Basis for De-
termining Individual Tolerance and
Administering Dosage Accordingly.

ONE of the present-day problems in the field of ultraviolet therapy is that of correct measurement of dosage. With a myriad of types of ultraviolet lamps on the market, little wonder that there is confusion when it comes to comparison of clinical results obtained with two or more types of lamps, in the hopes of standardizing ultraviolet dosage.

The Victor organization is mindful of the fact that the efficiency of any therapeutic energy can be determined only when the physician using it knows its potentialities, and has a means of absolute control of the energy, to the end that it can be intelligently administered with a definite knowledge of the dosage given the individual patient.

Several important developments have been recently incorporated in the Victor line of Mercury-Arc Quartz Lamps, offering definite advantages to the profession. Treatment time is reduced from minutes to seconds, enabling the clinic to administer a considerably greater number of treatments per hour or day, and conserving the physician's time during office hours.

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Saskatchewan Red Cross Outpost Hospitals



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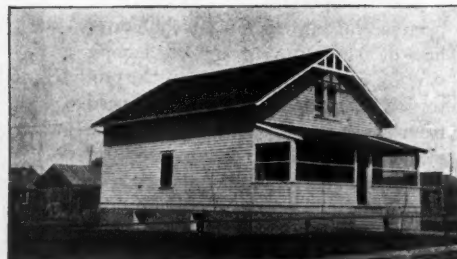
TUBEROSE



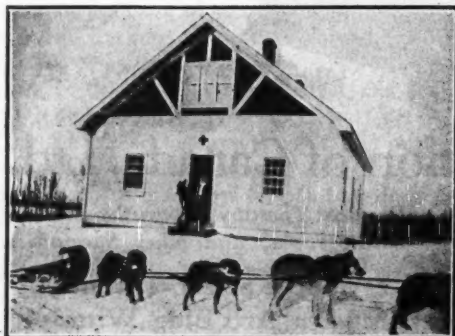
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CARRAGANA

Saskatchewan Has Fourteen Outpost Hospitals Conducted by Red Cross

By LILLIAN CHASE, M.B.

THE birth of a baby too far from civilization to enjoy medical or nursing care is one of the hardships of pioneering women. In 1922 thirty three per cent. of all babies born in Saskatchewan entered the world without medical or nursing care. But conditions are improving, for in 1927 only twenty seven per cent. were born unaided by nurses or doctors.

In Saskatchewan, the Red Cross Nursing Service operates fourteen hospitals in outlying districts. Three of these are situated in communities from thirty to sixty-five miles from a doctor; the other eleven were established in communities which already had a doctor. In the communities where no doctor is near, the nurse does the cooking, bakes the bread, nurses the mothers, and delivers the babies. Patients having the first baby are advised to "go outside" where medical help is available.

Operating a hospital at Robsart from April, 1920, to October of the same year, was the first outpost work done by the Saskatchewan Red Cross. Miss Jean McKenzie, now Director of the Junior Red Cross, was the matron. In October, 1920, Miss C. I. Stewart, Director of Saskatchewan Red Cross Outposts, and Colonel F. J. O'Leary, head of the northern Soldiers' Settlement Board, attended the formal opening of the Paddockwood outpost, forty miles north of Prince Albert, before the railway reached the district. Thirteen other outposts have been opened in the succeeding nine years at the following places: Bengough, in the south-east part of the province; Bracken, in the south; Broderick in central Saskatchewan; Carragana, south-east of Prince Albert, and sixty-five miles from the nearest doctor at Tisdale; Cutknife, north-west of Saskatoon; Kelvington in the north; Luck Lake in central Saskatchewan; Meadow Lake, 113 miles north of North Battleford and sixty miles from a doctor; Nipawin, where the new C.P.R. bridge is crossing the Saskatchewan River; Rabbit Lake, north-east of North Battleford; Tuberose, in central Saskatchewan; Wood Mountain, fifteen miles from the international boundary, and Rockglen, opened in the south, in March, 1929.

Largest Has Fourteen Beds

In size, the hospitals vary from the smallest at Carragana, operated by one nurse and housing three patients, to Bengough, which has fourteen beds, and is operated by three nurses and one maid.

Charge nurses are paid \$130 per month, the assistant nurses receiving \$75. Each nurse gets one month's holidays with salary. The Red Cross gives them transportation to the outpost, but they must pay their own way in and out when they take holidays. It takes a day and a night at least to go from the outpost to Regina.

The nurse chosen for this kind of work must be a good, practical, capable woman, for there are many things to do at an outpost in addition to nursing. English nurses who have had midwife training were tried, but they were found to be lacking in initiative in emergencies, and in a practical knowledge of house work, which is second nature to a Canadian-born girl.

Of the twenty-seven nurses at present in the service, three, including Miss Stewart, the Director, have had experience in military nursing overseas, and seven were prize winners on graduation from their own hospitals. The nursing ranks are constantly being decimated by men deeply imbued with the spirit of co-operation. Those benefitting by this aspect of outpost service include clergymen, bankers, and farmers. Instead of being annoyed at losing her nurses, Miss Stewart is pleased that the Red Cross can provide trained, intelligent women as permanent citizens of the country.

Besides being a place for the care of the sick, the outpost is a community centre, each hospital having a ladies' auxiliary meeting once a month at the hospital. Health talks are given to the Girl Guides and similar organizations, by the nurse. Clinics arranged by the Provincial Department of Health are held at the outposts.

No Lack of Encouragement

"This is the only vacation some of us get," said a woman coming in for her ninth baby, "What pretty curtains you have; just to lie here and eat a meal I don't have to cook, off these bright dishes, is heaven to me. I never had a nurse before with any of my babies." This is typical of the reaction of the patients whom the outposts serve.

In 1928 there were 396 maternity cases cared for in thirteen hospitals; none of the mothers died. There were 379 normal babies, 19 stillbirths, and 4 prematures. The medical cases numbered 560. There were 129 accident cases; 337 operations were performed. Total deaths were 38. The nurses made 115 visits to homes and gave 5 health talks. Three clinics were held, one of these a dental clinic at Paddockwood, for children.

The cost of operating these 13 hospitals was \$48,770.48. The Government grant of 50 cents per patient per day contributed \$8,383.50 to the upkeep. Patients' fees collected were \$25,929.31. The cost per patient per day varies from \$5.42 at Carragana, which cared for only 34 cases during the year to \$2.07 at Nipawin, where 226 cases were cared for.

The outposts are always open to visitors from "outside;" they particularly welcome those who are interested in immigration work, for there can be studied the settler in action, and the background awaiting the prospective "new Canadian."

News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.
Please Address, The Canadian Hospital, 454 King Street West, Toronto.*

ALLISTON, ONT.—The Stevenson Memorial Hospital has completed the first year of its operation. Revenue amounted to over \$10,000, while operating expenses were about \$18,000, but the deficit is met out of the endowment fund. During the year, 301 patients were admitted. The total number of deaths was 18 and births 50.

* * *

AMHERST, N.S.—Miss Mamie Dunen, a former resident of Amherst, has endowed a \$1,000 room in the new Highland View Hospital.

* * *

CABRI, SASK.—A new hospital district to be known as the Cabri Union Hospital District has been authorized. It will embrace the town of Cabri, the village of Shackleton and portions of the rural municipalities of Riverside, Pittville and Miry Creek. The hospital will be located at Cabri and will be operated under a board of six members.

* * *

CHARLOTTETOWN, P.E.I.—A site has been chosen for the projected new sanatorium for tubercular cases, and it is understood that construction will soon commence.

* * *

CHATHAM, ONT.—The annual convention of the Ontario United Hospital Aids Association will take place at the Public General Hospital on October 3rd and 4th. Nearly 400 delegates representing hospitals throughout Ontario are expected to attend. Well known lecturers and doctors will address the gathering.

* * *

DAVIDSON, SASK.—When the vote for an extension to the Union Hospital did not carry, the problem was solved by having the kitchen and dining room moved to the basement. Space has thus been left free upstairs for an additional male ward.

* * *

DRUMMONDVILLE, QUE.—The addition of a new wing to the St. Croix Hospital will double hospital facilities in Drummondville. The addition will house about thirty-five rooms, as well as a spacious operating

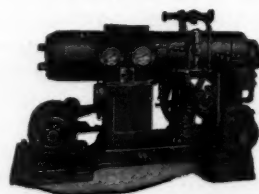
room, sterilizing room and pharmacy. The new building, five storeys in height and entirely fireproof, will bring the capacity of the St. Croix Hospital up to seventy-five beds.

* * *

FORT WILLIAM, ONT.—Miss Pearl Morrison, superintendent of McKellar Hospital for nearly six years, has resigned to accept a post in hospital work in Washington, D.C. Miss Barbara Bell, assistant superintendent for five years at McKellar, will assume the superintendency on September 1st.

* * *

FRONTIER, SASK.—Work has been commenced on the new community hospital for Frontier. The building will provide for 12 beds and other equipment for a small hospital. About \$12,000 will be expended on the project.



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GODERICH, ONT.—Miss McCorkindale of Guelph commenced her duties as superintendent of the Alexandra Hospital on July 1st. Alterations are being made at the hospital for the accommodation of new X-Ray equipment.

* * *

HANOVER, ONT.—Miss Sutherland, superintendent at the Hanover Memorial Hospital for the past three and a half years, resigned her post on July 1st. On August 1st Miss Marion B. Petty, recently assistant superintendent at the Lindsay Hospital, took over her duties as successor to Miss Sutherland.

* * *

KELOWNA, B.C.—Owing to the urgent need for increased accommodation at the Kelowna Hospital, it was found expedient to open the new Maternity Wing and Isolation Hospital without formality and at short notice.

* * *

KENTVILLE, N.S.—The Kentville Hospital Commission is the recipient of a bequest of \$30,000 from the late A. Milne Fraser of Halifax.

* * *

KINGSTON, ONT.—The main and Watkins wings of the General Hospital are to be renovated at a cost exceeding \$200,000. Everything in the two wings will be removed, additional floor space added, and all made fireproof. Sixty-five beds will be added and an administration office provided.

* * *

KITCHENER, ONT.—The contract has been awarded for the construction of the new \$80,000 addition to the Freeport Sanatorium. Construction is expected to commence very soon.

* * *

LONDON, ONT.—Miss Butcher, a graduate of the Toronto General Hospital, who for the past year has been obtaining a further knowledge of tuberculosis work at the Byron Sanatorium, has left for Japan, where she will work under the Anglican Mission Board. The Board are planning a hospital in Japan for tubercular patients, where Miss Butcher will be stationed.

* * *

LONDON, ONT.—The death occurred recently of Miss Edith Mayou, formerly Superintendent of Victoria Hospital, London. Miss Mayou was a graduate of Cook County Hospital, Chicago. She spent some years at the Royal Victoria Hospital, Montreal, four years with the Grenfell Medical Mission in Labrador, and later joined the Victorian Order in charge of Shoal Lake Hospital, Manitoba. From 1915 until the signing of the Armistice, she was engaged in war work.

Continued on Page 34

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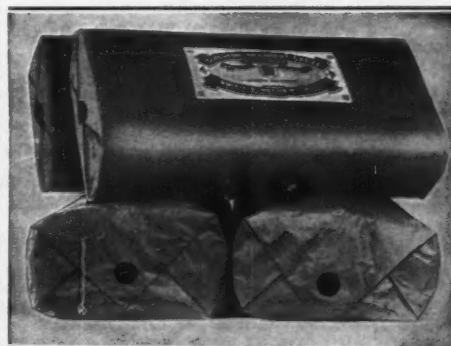
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Continued from Page 26

room is there more than six cots. The part of the building set aside for the treatment of children is specially decorated, and every effort has been made to bring about a happy atmosphere in the wards and corridors.

The basement of the hospital is devoted to a number of offices, and also to the dining room of the nurses. Here, also, the power plant is to be found, by means of which the heating of the entire building is effected.

The ground floor of the hospital has two sections; one containing the generators and heating equipment of the establishment, and the drivers' quarters; and the other housing the isolation hospital. Other departments on the ground floor are the diet kitchen, the graduating nurses' dining room, their cloak and rest rooms, the gauze room, the splint room, and lastly, the pupil nurses' cloak rooms and their cafeteria.

Increased accommodation for X-ray treatments, comprising five rooms and a special dark room, all furnished with rubber tile floors; installation of automatic sterilizers on all floors; placing of fire alarm apparatus, directly connected with the city system, in all wards; and special provision for transportation of all patients from wards into the main corridors, without necessitating them leaving their beds, are some of the innovations which are being made with a view to increasing the efficiency of the hospital.

Fireproof Construction

The building, which is four storeys in height, and fireproof throughout, contains, in addition, a basement, in which offices, consultation rooms, and a large nurses' room are situated.

On the ground floor are a number of special private wards, finished in antique, and a community room, which is to be used for nurses' lectures, public gatherings in connection with the hospital, and demonstrations. The other floors are more or less similar, and contain private and public wards, none of them being built to accommodate more than four persons; service kitchens; pharmacies and sterilization rooms.

Notable features of the structure are the fact that it is absolutely fireproof; its roof garden on which patients can obtain fresh air and sunshine; the complete modernity of its construction and altars for the new hospital chapel, of Carrara marble, specially imported from Italy.

The building is constructed mainly of steel and cement and is claimed to be as nearly fireproof as possible. As a further safeguard against fire, alarms, connected with the main city system, have been installed in all wards, so that, in the event of an outbreak no delay would take place in giving the alarm direct to the fire department.

WINNIPEG, MAN.—Dr. Frank L. McKinnon, a member of the surgical staff of the Children's Hospital, passed away at the General Hospital on July 16th.

Please refer to THE CANADIAN HOSPITAL when writing



MR. W. E. SHARPE
Laundry Manager
Toronto Western Hospital

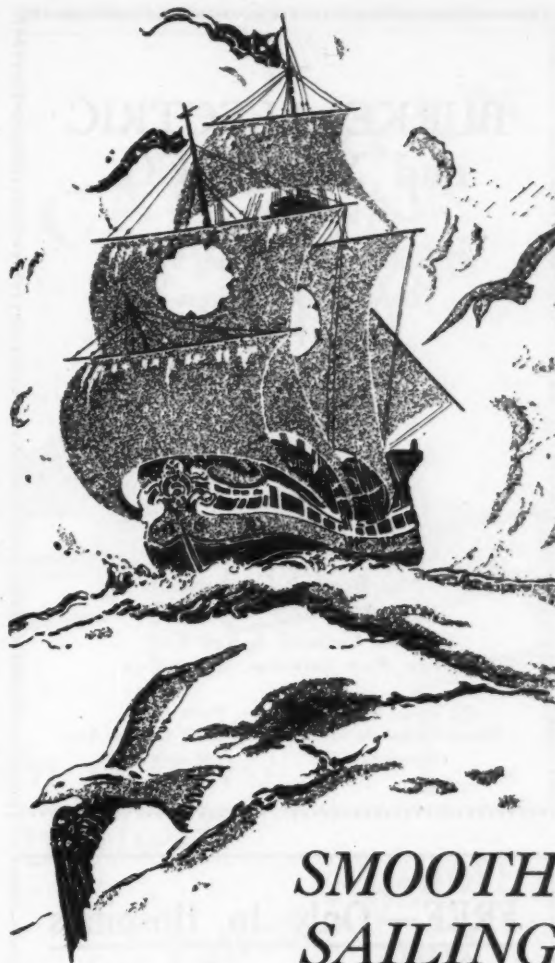
Medicine Hat General Erects New Laundry

At an approximate cost of \$8,000 the Medicine Hat General Hospital will have a new laundry, together with the most up-to-date equipment. The building will be of hollow tile construction with concrete, and will be situated slightly to the north of the present building, which has outlived its usefulness. It will be 30 by 40 feet in size and the equipment will consist of a washer, extractor, press, two-roll flat work irons, two electric irons and attachments, a tumbler instead of a drying room, boiler, hot water tank, boiler trap, water softeners and the necessary plumbing and electrical installments.

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News of Hospitals and Staffs

Continued from Page 31

MAGDALEN ISLANDS, QUE.—The Quebec Provincial Executive Committee of the Red Cross Society have decided to establish two nursing outposts on the Magdalen Islands, one at Grand Entry Island, the other at Grosse Isle. The decision marks the entry of Quebec into this field of Red Cross Work.

* * *

MONTREAL, QUE.—Dr. William G. Colwell has been appointed assistant Gynaecologist at the Victoria General Hospital. Dr. Colwell is also on the staff of Grace Maternity Hospital.

* * *

MONTREAL, QUE.—Mr. Allan Bronfman, former president of the Jewish Orphanage of Western Canada, was unanimously chosen by the General Campaign Committee to be Chairman of the proposed campaign for \$600,000 for a Jewish Hospital in Montreal.

* * *

MONTREAL, QUE.—Dr. O. F. Mercier, surgeon-in-chief of the Notre Dame Hospital, died in Montreal on July 26th, after an attack of angina pectoris.

* * *

• MOOSE JAW, SASK.—As the result of an operation, Mr. Fred R. Nason passed away on Monday, August 19th. Mr. Nason was secretary for five years at the Moose Jaw General Hospital, and latterly was business manager of that institution.

* * *

NANAIMO, B.C.—The annual convention of the British Columbia Hospital Association will take place at Nanaimo on September 12th, 13th, and 14th.

* * *

OWEN SOUND, ONT.—Dr. Gordon Webb, who until recently practised in Wintham, has recently accepted charge of the X-Ray department at the Owen Sound General and Marine Hospital.

* * *

OWEN SOUND, ONT.—On August 1st Miss Mabel Sharpe assumed the superintendency of the Owen Sound General and Marine Hospital as successor to Miss Jeffries. Miss Sharpe was until recently in charge of a 72-bed ward at the Toronto General Hospital.

* * *

PEACE RIVER, ALBERTA.—Peace River is to have a municipal hospital, for which the site has been chosen, and donated by the town of Peace River. Plans call for a hospital of 15 beds, which will cost \$30,000.

* * *

PERTH, ONT.—Work has been commenced on an addition to the Nurses' Home of the War Memorial Hospital. The addition will be of two storeys with accommodation for 17 nurses and two basement classrooms. The private quarters of the superintendent will be moved from the hospital to the new addition.

PONOKA, ALTA.—Dr. S. M. Snedden, of Edmonton, has been appointed resident dentist at the mental hospital at Ponoka.

* * *

REGINA, SASK.—Miss K. M. Ross, a graduate of Toronto General Hospital in 1918, has resigned her position as Superintendent of Nurses at the Regina General Hospital.

* * *

RENFREW, ONT.—Miss Clara Humphries of Carp is the new night supervisor at the Renfrew General Hospital.

* * *

RIMBY, ALTA.—Arrangements have been completed for the building of a hospital by the Sisters of St. Joseph. The building will be of brick, and will cost approximately \$15,000. It will be equipped with all modern hospital appliances and will provide room for 12 beds. Construction is expected to commence in August.

* * *

SASKATOON, SASK.—Miss Gertrude M. Watson of Montclair, New Jersey, has been appointed superintendent of nurses at the City Hospital.

* * *

SYDNEY, N.S.—Equipped with a new electric elevator especially designed for hospital work, and all the latest surgical equipment, the new 50-bed St. Rita's Hospital, formerly the Ross Memorial Hospital, had its formal opening early in August.

* * *

SASKATOON, SASK.—Miss Lucille Roome, formerly head dietitian at the Saskatoon City Hospital, was recently married to Mr. Roy Dewey Phillips, assistant city solicitor of Saskatoon.

* * *

THREE RIVERS, QUE.—The Cooke Hospital for tubercular patients, which was to have been built at Cap de la Madelein, will be built instead at Three Rivers. This will be a 100-bed institution. Construction is expected to commence immediately.

* * *

VANCOUVER, B.C.—Sister Mary Alphonse, director of nurses at St. Paul's Hospital, has retired from her duties after having completed sixteen and a half years of service. Sister Mary Alphonse is going to the home of her order, the Sisters of Providence, at Minapora, for a rest.

* * *

VICTORIA, B.C.—Miss Taylor has recently joined the staff of the Queen Alexandra Solarium and will be in charge of remedial exercises. For the past four years Miss Taylor has been on the staff of the Massage and Physio-Therapy Department of King's College Hospital, where she received her training.

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Charlotte Elenor Englehart Hospital, Petrolia.	General Hospital, Kingston, Ont.
Mount Forest General Hospital, Mount Forest.	Sensenbrenner Hospital, Kapuskasing, Ont.
Victoria Hospital, London.	Grace Hospital, Toronto.

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**Patent Awarded for Water Sterilizer
Attachment**

United States Patent Number 1,720,830 was awarded on July 16th to the Kny-Scheerer Corporation covering an Automatic Sterilizer Gauge Glass for Water Sterilizers. In sterilizing water heretofore, it has been necessary for the nurse to open the valves leading to the gauge glass and during the course of sterilization to pass live steam through the gauge glass of the sterilizer in order to sterilize it. This operation is hazardous, as frequently the gauge glass is at a substantially low temperature, and passing steam through it is apt to break the glass. This steam being under pressure is likely to scald or burn anyone near the apparatus. Furthermore, the use of steam is not always a perfect sterilizer, and this method is therefore inefficient. The device just patented solves the problem and insures perfect sterilization of the water or the solution being sterilized, so that perfect sterilization of the gauge glass is insured throughout the process, and the danger of breaking the gauge glass and causing serious injury is eliminated.

This device also removes the necessity for the nurse to make a separate operation of sterilizing the gauge glass, as the water in the gauge glass and in the sterilizer proper are in direct contact, and the water in the gauge glass must be sterilized or it will immediately reinfuse the water in the sterilizing tank. The water in the gauge glass cannot be sterilized unless circulation of water takes place freely from the tank through the gauge glass.

With equipment which necessitates that the nurse open the gauge glass to permit steam to pass through, sterilized water is never assured because of the human elements involved. Nurses are very busy, and student nurses operate sterilizers who are not sufficiently instructed, and consequently they omit this vital operation in the sterilization of the water.

In operating this new device, the water is placed in the sterilizer tank, and the water being at the same level in the gauge glass as in both the tanks, and as heat is applied to the heating element, the temperature of the water in the funnel and in the pipe attached thereto will be driven upward, because of the heat and steam formed therein, so that portions of the water will be continuously driven upward into the gauge glass and will run down inside the gauge glass from the top, raising the level of the water in the gauge glass temporarily. This level, however, will be constantly corrected by the water seeking its proper level in relation to the level in the sterilizing tanks, so that water passing down from the upper end of the gauge glass will gradually pass on down through the fitting at the bottom of the sterilizer body and then through the opening at the bottom of the sterilizing tanks, thus causing complete circulation of water in the gauge glass at all times, so that heat is applied to the heating elements.

WINNIPEG, MAN.—Dr. Harvey Smith, a native of Winnipeg, was elected president of the British Medical Association on July 24th. The association will meet in Winnipeg in 1930.

Please refer to *THE CANADIAN HOSPITAL* when writing

Hobart Manufacturing Company Hosts to Foreign Dignitaries.

Each year The Hobart Manufacturing Company, of Troy, Ohio, World's Largest Makers of Food Preparing Machines, enacts the role of host to an ever-increasing number of foreign visitors.

Visitors from England, Australia, Argentina, Brazil, Germany, Ecuador, and other countries have visited The Hobart Plant so far this year.

Interesting programs for the entertainment of its guests are arranged by The Hobart organization. These programs usually include attractive entertainment and recreational features in addition to a general tour of the company's factories.

The picture below shows a "Flag Raising" ceremony during a recent observance of "Great Britain Day," an event occasioned by the presence of Mr. G. W. Elleman, Managing Director, The Hobart Manufacturing Company, Ltd., of London, and Mr. Robert M. Lambert of Melbourne, Chairman, Board of Directors, Toledo-Berkel Proprietary, Ltd., Distributors of Hobart Products in Australia.

Those appearing in the picture are, from left to right: Walter E. Boyer, a Director of The Hobart Company; John M. Spencer, Vice-President and General Sales Manager; Mr. Elleman; Paul C. Yount, Advertising Manager, The Hobart Manufacturing Co.; Mr. Lambert, Johnson E. West, Head of Hobart Legal Department; E. E. Edgar, Treasurer and General Manager; and H. L. Johnston, President, The Hobart Manufacturing Company.

Open New Porch at Preventorium

The opening of the new porch on the preventorium in connection with Queen Alexandra Sanatorium, Byron, Ontario, took place on June 12th and com-

pleted the preventorium building which is the gift of the Sanatorium Aid Society. Hitherto, the building, adequate in most particulars, lacked a separate entrance, and the new doorway, porch and vestibule opening into the living room, now complete the structure in a most satisfactory way. Formerly it was possible to reach the interior of the building only through the children's sleeping quarters, and this was found to be an unsatisfactory arrangement.

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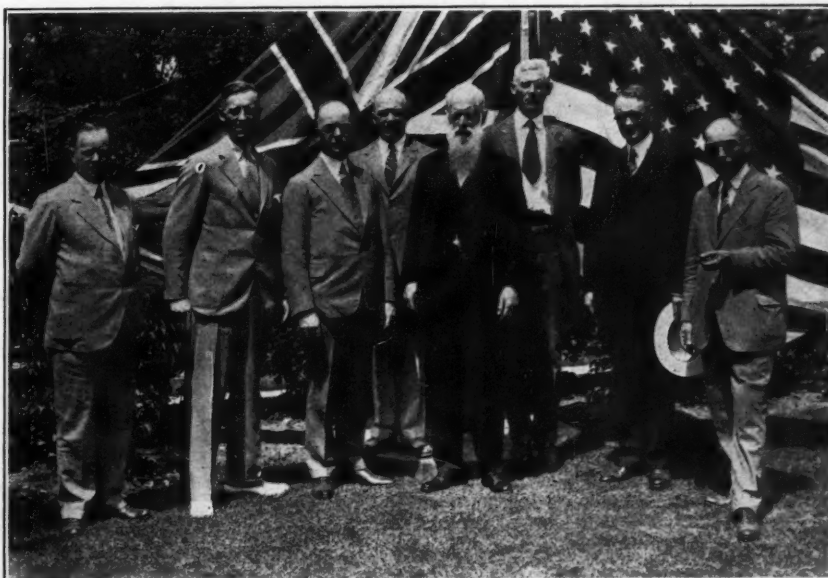
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Brock Union Hospital Serves Large Saskatchewan District

Continued from Page 18

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The Advertisements

American X-Ray Corp.	3
Ames & Rollinson	38
Aznoe's Central Registry for Nurses	38
Bard-Parker Co., Inc.	5
British & Colonial Trading Co., Ltd.	36
The Burke Electric & X-Ray Co., Ltd.	34
Canadian Feather & Mattress Co., Ltd.	35
Canadian Ice Machine Co., Ltd.	30
Canadian Laboratory Supplies, Limited	36
Canadian Laundry Machinery Co., Ltd.	6
Canada Starch Co., Ltd.	32
J. & J. Cash, Inc.	36
Central Scientific Co. of Canada, Ltd.	8
Classified Advertisements	38
Corbett-Cowley, Ltd.	Third Cover
Davis & Geck, Inc.	Front Cover, 19-22
Denoyer-Geppert Co.	10
Deshell Laboratories of Canada, Ltd.	Second Cover
A. W. Diack	38
Dustbane Products, Ltd.	34
T. Eaton Co., Limited	25
M. B. Evans X-Ray Co.	10
Finnell System, Inc.	23
J. F. Hartz Co., Limited	17
Hobart Mfg. Co.	9
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Keever Starch Co.	33
Lewis Manufacturing Co. of Canada, Ltd.	Fourth Cover
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Metal Craft Co., Limited	6
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Victor X-Ray Corporation	27

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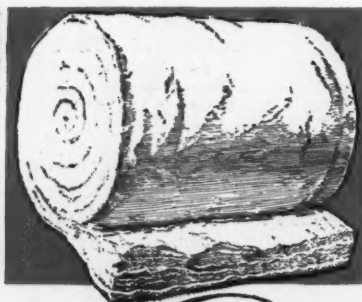
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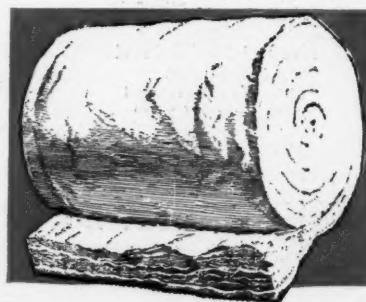
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